MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
10/070152	

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND	DEP.
1			ı					51						
2				)				52						
3				)				53						
4				(				54						
5				ı				55						
6				ı				56						
7				ı				57						
8				ı				58						
9				ı				59						
10				)				60						
11				ı,				61						
12				r				62						
13				ı				63						
14				ı				64						
15				ı				65						
16				ı				66						
17				,				67						
18				ı				68						
19				ı				69						
20				,				70						
21				,				71						
22				ı				72						
23				)				73						
24								74						
25								75						
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28								78						
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39								89						
40								90						
41								91						
42								92						
43								93						
44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.								TOTAL IND.						
TOTAL DEP.				23				TOTAL DEP.						
TOTAL CLAIMS								TOTAL CLAIMS						

PTO-1360 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS   U.S. DEPARTMENT